

It's time for Congress to follow Florida's lead and ensure that any conference committee meeting on health care reform be conducted in the light of day and under full public view. I hope Members on both sides of the aisle will cosponsor this important right-to-know measure and join me in this effort.

MISREPRESENTATIONS ON MEDICARE

(Mr. ANDREWS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ANDREWS. Well, it's been 126 days and the minority party's not given us their plan for health care. What they have given America's seniors is a lot of misrepresentations on Medicare. This bill does not cut Medicare benefits for seniors. It cuts corporate welfare for insurance companies. There is a program called Medicare Advantage, and it's an advantage for the insurance industry because it works like this: for every \$100 that we spend on regular Medicare to take care of seniors, insurance companies get \$114. They keep most of that \$14, if not all of it, and do not use it to help seniors. We're getting rid of that and I think that makes sense.

This bill will work in favor of seniors on Medicare because when you go to the doctor for preventive care if you're a senior on Medicare, no more copay, no more out of your pocket. Medicare pays it all. The cost of your prescription drugs will drop, and Medicare benefits will be strengthened. The life of the Medicare trust fund will be extended by 5 years.

So after 126 days, you'd think they'd come up with something, but what they've come up with is more misrepresentation.

PUBLIC OPTION DISASTER

(Mr. ROE of Tennessee asked and was given permission to address the House for 1 minute.)

Mr. ROE of Tennessee. Mr. Speaker, this week The Washington Post published a poll supposedly showing that 57 percent of the American people support, and I quote, "having the government create a new health insurance plan to compete with the private health insurance plans." Unfortunately, what The Post failed to ask and what poll after poll has consistently shown is that Americans who claim to support a government-run option switch their opinion when they find out that creating such a plan will decrease quality and access and increase costs.

How do I know this will happen? I practiced medicine in Tennessee under a plan very similar to what the Democrats are proposing here. We sought to increase access to health insurance by lowering provider payments and promising free medical care to our State's

government-run Medicaid plan. Our plan was called TennCare, but it might as well have been called H.R. 3200. It resulted in costs tripling in 10 years and rationing of care when our State couldn't pay for the care that was promised.

Our businesses realized they could shift the cost to the public sector, and our State saw 45 percent of individuals on TennCare who had previously been on private health insurance. It was a disaster. And I'm trying to prevent that disaster from playing out on a national level.

INSURANCE COMPANY CATCH-22

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. This month a health insurance company tried to deny health coverage to a 4-month-old baby in Colorado. Why? Because they said he was too fat. An insurance company also, just this week, denied coverage to a 2-year-old girl. Why? Because they said she was too thin. Too fat, too thin, sounds like a no-win situation, a catch-22.

And, in fact, it was designed that way. An industry spokesman said they might reconsider covering those children if they got medical treatment and seemed healthy over a period of time. So in order to get health insurance, these children need to get treated without health insurance until they prove they're healthy enough to satisfy the insurance company. A cruel trick. And these companies pull it every day just to preserve their profit margins.

The apple doesn't fall far from the tree. Our friends across the aisle have been using similar logic to defend these companies and to defeat health insurance reform. They tell us that a public option will mean government-run health insurance, and that must be stopped. They tell us our health reform plan will endanger Medicare which is, of course, a public option. Which is it: too fat, too thin, too much government or not enough?

HEALTH INSURANCE EXPANSION SHOULD NOT COST PATIENTS COVERAGE OR BENEFITS

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOOZMAN. Mr. Speaker, I rise today to say that health insurance expansion should not end up costing patients their quality of care or their benefits. In January 2008 the Arkansas Department of Health reported that 51,707 Arkansans were currently enrolled in Medicare Advantage. The Department also noted that the number of enrollees was increasing every day.

Most of these men and women are located in rural areas of the State, places where access to health care is already

strained and doctors are no longer seeing new Medicare patients. With the massive proposed cuts to Medicare Advantage, how am I to explain to these patients that the reform that they've been waiting for, the reform that many claim will broaden access and help them get the services they need will actually cost them the quality of care and coverage that they depend on?

I cannot find a good explanation, and I will not support legislation that sacrifices the health of seniors in Arkansas by cutting Medicare Advantage.

AMERICANS ARE TIRED OF WAITING

(Mr. MURPHY of Connecticut asked and was given permission to address the House for 1 minute.)

Mr. MURPHY of Connecticut. Mr. Speaker, I'm a patient man, so I've been willing to take my Republican colleagues at their word that they're not really trying to obstruct health care reform, that they want to fix the system as well. So I've been willing to wait for a plan. And many people out there in the public have been willing to wait as well for the Republicans to produce a health care reform before they pass judgment on what the best course is to fix our broken health care system.

Well, 126 days later, we're tired of waiting. Americans are ready for health care reform now because they want affordable choice that competes with private plans. They know that they are one bad checkup or one pink slip away from being kicked off their coverage. And they can't wait any longer for Republicans to share their solution.

Mr. Speaker, the status quo is unacceptable to the vast majority of Americans, except to those who have left us waiting.

FIND WAYS TO HELP SMALL BUSINESSES

(Mr. ROGERS of Alabama asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROGERS of Alabama. Mr. Speaker, the folks in east Alabama, as across most of America, are hurting right now. In my home county, we have 11 percent unemployment, and that's the lowest unemployment in that region of the State. I have several counties in my district with 15 percent unemployment, and I have one county with 17 percent. That's real pain. And instead of this Congress and this administration finding ways to help small businesses create jobs and get these people back to work, they're talking about raising taxes on small businesses and creating government-run health insurance and mandating it on small businesses.

We need to find ways to help small businesses create jobs. We need to offer tax credits if you'll hire new employees. We need to offer tax credits if

you'll buy new equipment, expand your plants and create jobs. We need to find ways to help these small businesses provide health insurance by allowing association health plans, simplified billing, allow us to purchase health insurance across State lines and passing tort reform.

It's time for us to come up with the ways to help small business create jobs instead of finding ways to hinder them.

287(G) PROGRAM

(Mr. POLIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POLIS. Mr. Speaker, I rise today in strong opposition to the Federal 287(g) program. This unconscionable program authorizes local governments to carry out immigration law compliance, threatening law enforcement and our constitutional protections. We've seen Sheriff Arpaio of Maricopa County, Arizona, despicably racially profile and round up Latinos in front of TV cameras as he enforced his 287(g) powers. We've watched in horror as he and others who are a disgrace to the uniforms they wear detain people based solely upon the color of their skin.

Arpaio is now, thankfully, under investigation for civil rights violations for his discriminatory, unconstitutional searches and seizures. Nevertheless, I'm sad to announce that last Friday afternoon, ICE announced 287(g) agreements with 67 State and local law enforcement agencies across the country. 287(g) scares victims and witnesses of crimes to avoid contacting police for fear of being mistreated. 287 invites exploitation by those who know that they won't be reported to police because it combines the contradictory duties into the same police force.

What's the result? A sweep of terror that's frightened legal and undocumented immigrants into hiding, undermining law enforcement efforts across our country. 287(g) programs undermine the spirit and the text of the Constitution, and I encourage Congress to repeal 287(g).

□ 1030

HEALTH CARE AND SMALL BUSINESS

(Mr. GUTHRIE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GUTHRIE. Mr. Speaker, we can all agree that health care needs to be made more affordable and accessible. However, under the proposed House bill, those who are working to get our economy back on track will be burdened with financing the government takeover of health care.

Some in Congress want to enact a \$544 billion surtax to help pay for the legislation. However, according to the data from the IRS, more than half of

those targeted under the surtax are small business owners.

Small businesses have historically employed more than half of the U.S. workforce and have created more than 72 percent of the new jobs across the country. With unemployment climbing to record numbers and the Federal deficit reaching \$1.4 trillion, Congress simply can't keep ignoring these issues.

Prior to being elected to Congress this year, I was working for my family's small business and know how important small businesses are not only to local communities but to our national economy as well.

Imposing taxes on small businesses that are doing all they can to stay afloat is not a viable answer and could make job losses even worse.

HEALTH CARE BILL IS MOVING FORWARD

(Mr. PALLONE asked and was given permission to address the House for 1 minute.)

Mr. PALLONE. Mr. Speaker, I just want to say how proud I am of the fact that both in the House and the Senate we are now moving towards health care reform. The committees of jurisdiction have moved bills. The bills are now being prepared for a floor vote in both the House and the Senate.

It is so important to my constituents and to every American that we have affordable health insurance. The number of people without insurance continues to grow. The statistics about increased costs for health care and insurance next year continue to go up. We need to accomplish the goal of providing affordable insurance for everyone, and that's about to be accomplished here in the Congress—both in the House and the Senate.

I think we can move forward with these bills in the next few weeks and then go to conference and have a bill on the President's desk by the end of this year, which was the goal of President Obama since the beginning.

So we should be very proud of the fact that we are moving forward and that this is something that finally will be accomplished for the American people.

GOVERNMENT TAKEOVER OF HEALTH CARE

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, contrary to what my colleagues from across the aisle have said, Republicans do have commonsense plans for reforming health care. They're different from the Democrat plan for a government takeover of health care, which will be an economic burden that will fall squarely on the backs of small business owners and their workers.

At a time when Americans are cutting back and making sacrifices, they

expect Washington to do the same. Instead, the Democrats' proposed government-run health care plan imposes \$208 billion in new taxes on small businesses who simply cannot afford to pay for their employees' health care. An estimated 5.5 million jobs will be lost at a time when this country already suffers from unemployment not seen in 26 years.

The worst thing that Washington can do is introduce a job-killing health care plan that restricts the growth of small businesses during these tough economic times. The American people deserve better, and Republicans have proposed better ways.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1793) to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1793

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCES.

(a) SHORT TITLE.—This Act may be cited as the "Ryan White HIV/AIDS Treatment Extension Act of 2009".

(b) REFERENCES.—Except as otherwise specified, whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

SEC. 2. REAUTHORIZATION OF HIV HEALTH CARE SERVICES PROGRAM.

(a) ELIMINATION OF SUNSET PROVISION.—

(1) IN GENERAL.—The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415; 120 Stat. 2767) is amended by striking section 703.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if enacted on September 30, 2009.

(3) CONTINGENCY PROVISIONS.—Notwithstanding section 703 of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415; 120 Stat. 2767) and section 139 of the Continuing Appropriations Resolution, 2010—

(A) the provisions of title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.), as in effect on September 30, 2009, are hereby revived; and

(B) the amendments made by this Act to title XXVI of the Public Health Service Act